

Missouri Division of Medical Services

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Dental Bulletin

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ATTENTION DENTISTS!

This bulletin contains important information about changes to the adult dental program effective August 21, 2002.

DENTAL SERVICES FOR ADULTS

Effective August 21, 2002, dental services for adults which had been terminated effective July 1, 2002, are reinstated due to a preliminary court order by Judge Timothy Wilson of St. Louis City.

Covered benefits for adults are the same as they were prior to July 1, 2002. Prior authorization for dentures is *not* required.

MC+ MANAGED CARE PROGRAM

MC+ managed health care plans provide limited dental benefits to their enrollees. Health plans are responsible for services listed in this section of the bulletin.

The following denture, medical and surgical codes are not billable on a fee-for-service basis for managed care enrollees:

D5110, D5120, D5130, D5140, D5913, D5914, D5919, D5922, D5926, D5927, D5932, D5934, D5935, D5936, D5952, D5953, D5954, D5955, D5958, D5959,

D5960, D5988, D5999, D6010, D6020, D6040, D6050, D6090, D6095, D6100, D7260, D7270, D7285, D7286, D7340, D7350, D7410, D7420, D7430, D7431, D7440, D7441, D7450, D7451, D7460, D7461, D7465, D7471, D7480, D7490, D7510, D7520, D7530, D7540, D7550, D7560, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7680, D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7780, D7810, D7820, D7830, D7840, D7850, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, D7880, D7910, D7911, D7912, D7920, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7955, D7960, D7970, D7971, D7980, D7981, D7982, D7983, D7990, D7991, D7995, D7996, D7997, D7999.

OFFICE VISITS, X-RAYS AND PARTIAL DENTURES

Office visits, oral exams, and x-rays and partial dentures are the responsibility of the health plan when related to trauma.

These codes are also used when *not* related to trauma and are covered on a fee-for-service basis.

A Certificate of Medical Necessity (CMN) must certify the service is not related to trauma and therefore not the responsibility of the managed care health plan.

The CMN is required for all dates of service on and after August 21, 2002 for the following codes when billing for a managed care enrollee on a fee-for-service basis.

99201 - 99343, 99050, 99058, D0140, D0150, D0160, D0170, D0210, D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0274, D0277, D0290, D0310, D0330, D5211, D5212, D5213, D5214, D9212, D9220, D9221, D9230, D9241, D9242, D9248, D9310, D9420.

OTHER DENTAL SERVICES

Effective immediately and until notified further, adults enrolled in managed care health plan may receive all other covered dental benefits, *not already discussed in this bulletin*, on a fee-for-service basis from any dental provider accepting Medicaid/MC+ fee-for-service patients.

ADULTS NOT ELIGIBLE FOR GENERAL DENTAL SERVICES

Dental benefits for adults eligible under ME codes 76 and 09 have *not* changed. These individuals are *not* eligible for dentures and are

restricted to treatment of trauma and non-periodontal disease.

DENTAL PROCEDURE CODE APPENDIX

The Dental Procedure Code Appendix found on-line with the dental manual will not be revised at this time. Providers should disregard the column titled "Adult Limits July 1, 2002 except for dates of service between July 1, 2002 and August 20, 2002 when these limits were in effect.

Effective August 21, 2002 the "Adult Limits July 1, 2002" column is not to be used for benefit and limit information for adults.

NON-EMERGENCY MEDICAL TRANSPORTATION

The State's NEMT broker, Medical Transportation Management (MTM), may transport any adult to dental services that are reimbursed on a fee-for-service basis; when the individual meets all criteria for receiving NEMT. Recipients are urged to contact MTM at 1-888-863-9513 at least 5 days prior to the appointment for determination of eligibility for NEMT service and arrangement for appropriate transport.

Provider Communications

(800) 392-0938

or

(573) 751-2896